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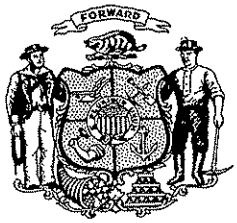

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JOINT COMMITTEE ON FINANCE

MEMORANDUM

To: Members
Joint Committee on Finance

From: Senator Mark Miller
Representative Mark Pocan

Date: February 5, 2010

Re: Department of Corrections Report on Feasibility and Costs Associated with the Distribution of all Controlled Medications

Attached is a report on feasibility and cost associated with the distribution of all controlled medication from the Department of Corrections, pursuant to 2009 Wisconsin Act 28.

This report is being provided for your information only. No action by the Committee is required. Please feel free to contact us if you have any questions.

Attachments

MM:MP:jm

Jim Doyle
Governor

Rick Raemisch
Secretary

State of Wisconsin
Department of Corrections

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February 3, 2010

Honorable Mark Miller, Senate Chair
Joint Committee on Finance
317 East State Capitol
Madison, WI 53702

Honorable Mark Pocan, Assembly Chair
Joint Committee on Finance
309 East State Capitol
Madison, WI 53702

Dear Senator Miller and Representative Pocan:

As you are aware, 2009 Wisconsin Act 28 required the Department of Corrections (DOC) to provide the Legislature's Joint Committee on Finance with a report that studies the feasibility and costs associated with the distribution of all controlled medications in DOC facilities by trained medical personnel. The enclosed document includes a thorough analysis that I trust will add value to this important discussion.

The delivery of quality health care to inmates in DOC facilities has been and continues to be a priority for the Department. Although the DOC currently utilizes health care staff to deliver medications to inmates in certain facilities, the agency has continued a longstanding practice of having trained Correctional Officers distribute the majority of medication. This report summarizes current practices in the DOC, and it explores potential funding, physical plant and other challenges that must be overcome in order for medication to be distributed system-wide by health care staff.

The analysis also incorporates findings of a survey we conducted of many other states. It is worth noting that 17 of 41 responding states indicated they use a mixture of health care staff and non-health care staff for medication delivery. This report also provides a cost analysis of having Nurse Clinicians 2 versus Licensed Practical Nurses deliver medication in all Wisconsin DOC institutions and correctional centers, along with cost analyses for other scenarios to help inform the discussion.

I extend my appreciation to the Joint Committee on Finance for providing the Department with the time necessary to complete a thorough, well-rounded analysis of this issue. We look forward to working in partnership with you to explore options related to medication delivery, as we work jointly to enhance the quality of health care delivered in our correctional system.

Sincerely,

Rick Raemisch
Secretary

Enclosure

STATE OF WISCONSIN
DEPARTMENT OF CORRECTIONS

METHODS FOR PROVISION OF MEDICATIONS BY HEALTH CARE STAFF

A COST ANALYSIS AND FEASIBILITY STUDY

February 1, 2010

TABLE OF CONTENTS

EXECUTIVE SUMMARY

2009 Wisconsin Act 28 mandated that the Department of Corrections (DOC) provide a feasibility study and cost analysis of a plan under which all controlled medications at all departmental facilities are distributed by trained medical personnel. The following report gives an overview of current practices, describes the feasibility of utilizing standard approaches for medication delivery, and identifies staffing patterns and costs associated with utilization of health care staff for medication administration at all DOC facilities.

I. INTRODUCTION

2009 Wisconsin Act 28 mandated that the Department of Corrections submit to the cochairpersons of the Joint Committee on Finance the following report:

> *Section 9111 (2d): A feasibility study and cost analysis for a plan under which all controlled medications at all department of corrections facilities are distributed by trained medical personnel with credentials at least equal to credentials of licensed practical nurses under section 441.10 of the statutes.*

There are two main types of medications:

Controlled medications have been designated by the Department of Corrections to be under staff control and kept in the HSU or the custody of security staff in a secured location. Examples include psychotropic medication and Schedule II or III narcotic medication. These are medications which carry a higher risk of misuse or diversion.

Non-controlled medications, also called keep-on-person (KOP) medications, are issued to inmates and do not remain under direct supervision of staff. They are kept in the cell and are self administered by the inmate. Examples include blood pressure medications and cholesterol-lowering medications. Currently, when an inmate is placed in segregation, in some of DOC's institutions, KOP medications are controlled and delivered by officer staff.

II. BACKGROUND & CURRENT PRACTICE

In some facilities, the Department of Corrections already utilizes health care staff for administration of medications, or, correctional officer staff distribute medications within close proximity of health care staff:

- All controlled medications at the Milwaukee Secure Detention Facility (MSDF) and the Taycheedah Correctional Institution (TCI) are administered by Registered Nurses (RNs) or Licensed Practical Nurses (LPNs).
- The John Burke Correctional Center (JBCC) utilizes pill lines staffed by nurses on first and second shift Monday through Friday, and first shift on the weekends. Correctional officers distribute medication to inmates when nursing staff is not on-site.

- Green Bay Correctional Institution (GBCI) primarily administers medication to inmates utilizing RNs or LPNs, with the exception of the segregation and mainstream units where correctional officers deliver the medication.
- Jackson (JCI), New Lisbon (NLCI) and Redgranite (RGCI) Correctional Institutions, and Chippewa Valley Correctional Treatment Facility (CVCTF) all utilize correctional officers to deliver medication to inmates utilizing pill lines which are located in the health services unit. Medication on third shift is delivered by correctional officers on the housing units.
- Generally at correctional institutions, Schedule II and III Drug Enforcement Agency controlled narcotic medications are administered by health care staff when health care staff are on site. These Schedule II and III medications represent a small subset of all staff controlled medications.

The majority of institutions utilize correctional officers to deliver controlled medication to inmates on the housing units.

The Department strives to implement policies in accordance with standards of the National Commission on Correctional Health Care (NCCHC), an accrediting organization concerning the provision of correctional health care. The Department implements policies in accordance with NCCHC standards when resource constraints do not prohibit compliance with such standards.

Concerning the topic of medication delivery training, to be compliant with NCCHC standard P-C-05 *"Medication Administration Training,"* the Department must ensure that *"...Correctional or health staff who administer or deliver prescription medication to inmates are permitted by state law to do so, and are trained as needed in matters of security, accountability, common side effects, documentation of administration of medicines..."*

Central to the standard is that personnel delivering medications must be permitted by state law to do so. Correctional officers are currently permitted by Wisconsin statutes to deliver medications to inmates.

The Department of Corrections historically has considered requesting health care staff for purposes of medication distribution during each biennial budget development process. This consideration began with the development of the Department's 1997-1999 Biennial Budget request. Each biennium, system-wide requests ultimately were not included in either the Department's request or executive budget bills, since the Department was in compliance with current statutes, standards and agreements. Furthermore, the total cost of using health care staff for medication distribution competed against the need to steward scarce state resources while meeting other pressing needs of the state.

Recent litigation concerning the Taycheedah Correctional Institution mandated the use of health care staff for distribution of medications to inmates of that institution. On April 24, 2009, the United States Eastern District Court of Wisconsin ruled that "all controlled medications at Taycheedah Correctional Institution be distributed by medically trained personnel with credentials equal to or greater than those of Licensed Practical Nurses as

defined by Wisconsin Statute §441.10."[1] Over the course of the 2007-2009 and 2009-2011 Biennia, the Department has received an additional 17.50 FTE of medical personnel with credentials equal to or greater than those of LPNs for purposes of medication distribution at TCI.

III. CORRECTIONAL MEDICATION DISTRIBUTION IN OTHER STATES

At the time of the writing of this report, published information concerning the degree to which other state correctional systems utilize correctional officers for medication delivery was limited. The Department conducted a survey of the 49 remaining states to determine the degree to which the use of non-health care (security) staff for medication delivery is prohibited in other states. In addition, the survey collected further data to identify the degree to which health care staffing is used in other states for delivery of medications to inmates, and what credentialing is required of health care staffing which deliver medications. The Department obtained responses from 41 states, a response rate of 84%.

Policies in Other States

Of the 41 states which responded, 28 states (68%) indicated their state prohibited use of non-health care staff for delivery of medications to inmates. Fifteen of these states indicated the prohibition was the result of a legal prohibition, such as a state law. Thirteen of these states indicated the prohibition was an internal policy, such as a state agency or department policy. The 13 remaining states (32%) reported there were no legal or internal policy prohibitions against the use of non-health care staff.

Extent of the Use of Health Care Staff in Other States

States were asked whether they always use health care staffing, a mixture of health care staffing and non-health care staffing, or whether non-health care staffing is always used for medication delivery. Twenty-four states (59%) indicated health care staffing is always used, while 17 states (41%) indicated a mixture of health care staff and non-health care staffing is used.

Of those states which use a mixture of health care staffing and non-health care staffing, states indicated there are various circumstances when non-health care staffing is used for delivery of medications:

- Seven states (Kentucky, Pennsylvania, South Dakota, Massachusetts, Minnesota, Kansas, and Virginia) permit non-health care staff to deliver medications in facilities which do not have 24-hour on-site health care coverage
- Four states (Alabama, Idaho, Oklahoma, Maine) utilize non-health care staff in some smaller facilities with lower populations, such as work camps or correctional centers
- Two states (Indiana and North Dakota) utilize non-health care staff in minimum security facilities, whereas health care staff deliver medications in medium and maximum security prisons

[1] *Flynn v. Doyle*, (E.D. Wis. 2009)

- One state (New Hampshire) permits physicians to indicate whether a medication may only be administered by health care staff in the health services area of the institution, or if the taking of the medication by the inmate need only be observed by non-health care staff.

Credentialing Required for Medication Distribution in Other States

In circumstances in which health care staffing is utilized for medication delivery, the minimum level of health care credentialing required varied, with nearly half (18) of the respondents reporting the use of Certified Nursing Assistants/Medication Technicians trained in medication administration practices, while nearly half (19) reported Licensed Practical Nurse licensure as the minimum level of credentialing required. One state (Michigan) reported only staff credentialed at the Registered Nurse level may deliver medications. The following table summarizes minimum levels of certification required by other states:

Table 1. Credentialing Required for Medication Distribution in Other States

Level of Credentialing	*States*	*Percent*[2]
Trained Certified Nursing Assistant, or Similar Level	18	44%
Licensed Practical Nurse	19	46%
Registered Nurse	1	2%
No Response	3	7%
Totals	**41**	**100%**

It should be noted, although not officially tracked by the survey instrument, states often indicated a mixture of health care staffing (use of staff with credentials above the minimum level required) were often used for medication delivery.

IV. FACTORS AFFECTING THE FEASIBILITY OF STANDARDIZED MEDICATION DISTRIBUTION METHODS

In reviewing the feasibility of converting from correctional officer delivery of controlled medications to inmates to healthcare staff administration of controlled medications to inmates at all DOC facilities, several criteria were identified as having significant impact on medication delivery/administration operations.

No one system (e.g. utilizing pill lines staffed by nursing staff at all facilities) could be successfully universally implemented because of a variety of issues that make each institution unique:

- Institution security level
- Amount of increased institution movement for medication administration
- Institution population
- Facility size
- Facility structure
- Inmate health demographics (e.g. age, mental health, gender, health acuity)

[2] Totals may not sum due to rounding.

In general, security concerns and physical plant issues prohibit the kind of inmate movement pill lines would require in the higher security institutions. Maximum security institutions, as well as some medium security institutions, require security escorts for inmate movement outside of housing units after dark and during conditions of low visibility, to enable security control at all times. Some larger facilities also lack secure central space sufficient in size to enable use of centralized pill lines.

V. MEDICATION DISTRIBUTION PLAN

Division of Adult Institutions – Correctional Institutions

To project staffing needs for healthcare administration of medications in the Division of Adult Institution (DAI) correctional institutions, wardens and health service managers were surveyed to:

- identify current hours of operation of the health service units,
- determine the number of medication distribution points, and
- determine staffing levels needed for each shift for medication administration.

Each site was provided the number of controlled medication doses for all facilities, (please see Appendix A, "11-02-09 Snapshot Study.") The number of additional staff on first and second shift to perform this function was then calculated, taking into account current staff already performing this function.

A very low volume of prescriptions is distributed on third shift at all of the DOC facilities and is primarily limited to pain medication that is administered on an as-needed basis (PRN). While it would not be cost effective to have third shift staffed with medical staff where 24-hour health care is not in place, it would be possible to limit the number of security staff that would have to be involved in medication distribution. This proposal assumes that 3rd shift security supervisors are trained to distribute these medications at each institution. It should be noted, smaller facilities, such as correctional centers or some smaller institutions, have limited 3rd shift security supervision coverage. In which case, correctional officers and sergeants would distribute PRN medications as needed.

This plan includes the addition of healthcare staff to perform the medication delivery functions that correctional officer staff had previously performed. It is important to note that the security staff currently tasked with medication delivery also perform security functions that will continue to be necessary even after healthcare staff begin to provide administration of medication.

Aside from medication delivery, correctional staff:

- monitor inmate movement and behavior on the housing units
- monitor meals at the units
- assist inmates with various sign-up sheets
- distribute mail
- conduct inmate counts and complete other numerous tasks

Conversion of medication distribution to healthcare staff will not reduce the number of security staff needed in the DOC facilities.

Maximum Security Institutions

The table below represents the processes which would be used and additional staff which would be needed for medication distribution at maximum security institutions:

Table 2. Maximum Security Medication Distribution Staffing Needs

	General Population			Segregation		Health Care Staff	
Institution	Central Pill Line	Pill Line at Each Unit	Cell to Cell	Cell to Cell	Distribution Points	Staff Post Shifts	FTE
CCI		☑		☑	12	7-7-0	24.25
DCI	☑	☑		☑	13	3-3-0	10.50
GBCI		☑	☑	☑	8	4-4-0	13.75
WCI		☑		☑	6	3-3-0	10.50
WSPF			☑	☑	5	2.5-3-0	9.50
Total FTE Needed							68.50

The various staffing arrangements above are representative of the unique settings and capabilities of each institution. As mentioned above, generally, security concerns and physical plant issues prohibit the kind of inmate movement that pill lines would require in the higher security institutions. Maximum security institutions, as well as some medium security institutions, require security escorts for inmate movement outside of housing units after dark and during foggy conditions. As a result of these difficulties, nearly all maximum security institutions will distribute medications using pill lines within housing units.

The Dodge Correctional Institution (DCI) is the exception, as it is possible to use a central pill line for inmates of half of the housing units. The east end of the facility has units which are all connected structurally, and a room of sufficient size that may accommodate movement. Medication distribution would be planned around meal times and bed time. However, the units of the west end of the facility are not all structurally connected, and some units consist of new intakes or inmates in segregation, which are not permitted movement without escort. In addition, there is not a room of sufficient space to permit a central pill line at the west end.

The Columbia Correctional Institution (CCI) has the highest staffing need among maximum security institutions. While there is a lack of centralized space sufficient for one pill line, CCI also would have the challenge of completing medication distribution to inmates of 12 housing units, second highest among maximum security institutions. Inmate demographics also contribute to CCI's level of staffing needed, as the presence of a Special Management Unit housing inmates with serious mental health needs contributes to a higher level of staff controlled medications which must be distributed.

As noted above, GBCI currently uses health care staff for delivery of medications to inmates in *some* of the institution's housing units. The above pattern would provide sufficient staff for the entire institution, through use of permanent staff, which would replace the Limited Term Employees (LTEs) currently used in 5 of the institution's 8

housing units. The cost analysis, later in this document, assumes a decrease in LTE costs to properly calculate the cost of conversion to permanent staff for this institution.

A general factor which also contributes to staffing levels is the need to distribute medications from cell door to cell door in segregation units. Medications typically must be handed to the inmate in the cell through the door, and the taking of the medication must be observed. This process can be particularly time consuming in the event an inmate is not cooperative or doesn't display the process for the staff member.

While process time is a complicating factor for medication distribution in segregation units, inmates in segregation typically have higher volumes of medications which must be distributed. Keep-On-Person medications are typically restricted from inmates in segregation in maximum security settings to prevent abuse. The Department conducted an analysis of staff controlled medication doses per capita per day, and found that the system-wide average was 0.9 doses of medication per capita per day. The rates amongst inmates in segregation at the maximum security institutions of CCI and GBCI were 7.5 and 5.5 doses of medication per capita per day, respectively, due in part to the need to restrict Keep-On-Person medications. Maximum institutions also tend to have larger segregation units. WCI, GBCI, and CCI have segregation capacities of 168, 142, and 116 inmates respectively.

Medium Security Institutions

The table below represents the processes which would be used for medication distribution at medium security institutions, as well as the number of additional staff that are needed to distribute medication at these facilities by health care staff on the AM and PM shifts:

Table 3. Medium Security Medication Distribution Staffing Needs

	General Population			Segregation		Health Care Staff	
Institution	Central Pill Line	Pill Line Each Unit	Cell to Cell	Cell to Cell	Distribution Points	Staff Post Shifts	FTE
JCI	☑			☑	3	2-2-0	7.00
NLCI	☑			☑	3	2-2-0	7.00
PDCI	☑			☑	2	2-2-0	7.00
RGCI	☑			☑	2	2-2-0	7.00
SCI	☑			☑	3	2-2-0	7.00
OSCI		☑		☑	13	9-9-0	31.00
RCI		☑		☑	9	8-8-0	27.50
FLCI		☑		☑	10	6-6-0	20.75
KMCI		☑		☑	15	3.5-3.5-0	12.00
RYOCF		☑		☑	3	1-1-0	3.50
Total FTE Needed							**129.75**

At Jackson Correctional Institution (JCI), New Lisbon Correctional Institution (NLCI), Prairie du Chien Correctional Institution (PDCI), Redgranite Correctional Institution (RGCI), and Stanley Correctional Institution (SCI), the use of single centralized pill lines is possible. The close proximity of housing units of these institutions, and availability of central space, allows for use of central pill lines. Oshkosh Correctional Institution (OSCI), Racine Correctional Institution (RCI), Fox Lake Correctional Institution (FLCI), Kettle Moraine Correctional Institution (KMCI), and Racine Youthful Offender

Correctional Facility (RYOCF) are institutions which must distribute medications through use of pill lines at each housing unit. Cell to cell medication distribution in segregation units is required at all medium security institutions as well.

At medium security institutions, inmate movement is often less restricted, and movement outside of housing units may often be accomplished without security escort for inmates in general population. While inmate movement may be less of a concern at medium security institutions, some medium security institutions require security escort for inmate movement after dark, or during foggy or snowy conditions. Institution size or lack of space available for centralized pill lines still are factors which prohibit use of centralized pill lines by some medium security institutions.

OSCI is a prime example in which factors such as population size, lack of facility space, and inmate demographics prohibit use of a central pill line. OSCI has 12 housing units, structurally separate from one another, spread over 96 acres. The institution's FY09 Average Daily Population (ADP) was 2,023, the largest in the Department, and has higher than average proportions of geriatric and chronically ill inmates. Space is insufficient in the HSU or administrative building to provide all medications centrally. Because of these difficulties, OSCI has the highest staff need in the system for medication delivery.

While RCI, FLCI, and KMCI have smaller populations than OSCI, facility structure poses similar difficulties for these institutions. RCI's FY09 ADP was 1,543, second largest in the system, and releases or transfers half of those inmates every year. The proposed staffing level takes into account not only the number of inmates and associated medications which need to be distributed, but also the degree to which the population changes each year as medication orders, records, and supplies must be maintained as inmates transfer in and leave the facility. FLCI has medium and minimum security inmates, in separate housing areas. To preserve separation of these two security levels, medication distribution at each of the housing units is most efficient.

Minimum Security Institutions

The table below represents the processes which would be used for medication distribution at minimum security institutions, as well as the number of additional staff that are needed to distribute medication at these facilities by health care staff on the AM and PM shifts:

Table 4. Minimum Security Medication Distribution Staffing Needs

	General Population			Segregation		Health Care Staff	
Institution	Central Pill Line	Pill Line at Each Unit	Cell to Cell	Cell to Cell	Distribution Points	Staff Post Shifts	FTE
CVCTF	☑			N/A	1	1-1-0	3.50
OCI	☑			☑	3	2-2-0	7.00
JBCC	☑			N/A	1	1-1-0	1.00
REECC		☑		☑	7	2-2-0	7.00
STF		☑		N/A	2	1-1-0	3.50
Total FTE Needed							**22.00**

Generally, staffing requirements are lower at these facilities due to lower population levels, including Oakhill Correctional Institution (OCI) and Robert E. Ellsworth Correctional Center (REECC). In addition, Chippewa Valley Correctional Treatment Facility (CVCTF), John Burke Correctional Center (JBCC), and Sturtevant Transitional Facility (STF) do not have segregation units, which allows for more efficient delivery of medications. However, STF, a facility which in FY09 had an ADP of 265 offenders, has Division of Adult Institution inmates in one section of the facility and Division of Community Corrections offenders (such as temporary Probation & Parole holds) in the other, and must distribute medications to these populations separately. JBCC currently uses health care staff for medication delivery 1st and 2nd shift Monday through Friday and on 1st shift Saturday and Sunday. Only 1.00 additional FTE Nurse Clinician 2 would be needed to provide for a fully staffed 1-1-0 seven day per week pattern.

Division of Adult Institutions - Wisconsin Correctional Center System

The Wisconsin Correctional Center System (WCCS) is not included in the proposal above as WCCS currently has 13 minimum custody sites, none of which has a staffed Health Service Unit. All of the nursing staff are either LTE RNs or LTE LPNs, or are contracted from a staffing agency. The sites provide limited hours of nursing coverage, with the majority being daytime on weekdays. There is also no holiday coverage. Only two sites provide limited evening and weekend coverage.

Continued Use of Correctional Staff

The Department's preferred plan for WCCS calls for the continued use of correctional officers for medication distribution in all the male centers and in one female center, MWCC. As appendix A illustrates, all centers with the exceptions of JBCC and REECC have less than 120 doses delivered per day. Medication delivery by health care staff within JBCC and REECC is currently assumed in the analysis above for minimum security institutions due to their higher volumes and larger populations.

Inmates in the male center system typically are not permitted if they have serious mental health or medical issues which require levels of care necessitating the presence of an on-site Psychological Service Unit (PSU) or a Health Service Unit (HSU), as centers do not have HSU's or PSU's on site. The exception to this rule in the male system is Drug Abuse Correctional Center (DACC), as well as JBCC and REECC in the female system. As a result, inmates in the center system often have less need for medications.

Use of correctional staff in the centers would be consistent with practices of several other states. The Department's survey found that seven states permit non-health care staff to deliver medications in facilities which do not provide 24-hour on-site health care coverage, four states utilize non-health care staff in some smaller facilities, and two states permit non-health care staff to deliver medications in minimum security facilities. Continued use of correctional staff would also be a cost-effective approach, as opposed to expansion of hours for on-site health care staff.

There are circumstances which make the cost effective use of health care staff for medication distribution in the centers a difficult task. While staff would only be needed for a limited number of hours through out the day for medication distribution, the

Department considers it highly unlikely that contract staff may be procured for 1 hour at a time for 4 medication delivery times throughout the day. The centers are often in rural areas, and additional contract staff likely would need to be procured for entire shifts to provide medication distribution. In addition, use of health care staff from nearby institutions is not feasible, as some centers are in excess of 2 hours of travel time from a nearby institution.

The Department will continue to ensure that medications are safely distributed by correctional staff at these facilities. Correctional security staff workloads at these facilities are less impacted by completing medication distribution due to lower medication volumes. In addition, the Department is committed to enhancing information and training for officers concerning medication distribution and managing mentally ill offenders.

Use of Health Care Staff

The following analysis is provided assuming health care staff would complete medication distribution in the centers. While this is not the Department's recommended approach, the information is provided so as to allow the Joint Committee on Finance to review a plan in which all DOC facilities complete medication distribution with health care staff credentialed at the Licensed Practical Nurse level or higher.

The following table outlines current nursing coverage at each site. Medication administration occurs over four time periods, consistent with Department policy. During days in which there currently is coverage, an additional 4 hours per day are assumed to be needed in addition to current hours of coverage, as the additional 4 hours per day would cover the evening and before bedtime medication passes. Days in which no current hours of coverage exist are assumed to require 12 hours of additional coverage, as this time span adequately covers all 4 separate times associated with medication pass. While total workload in some centers for medication pass may not exceed 4 hours of labor, the Department considers it highly unlikely that contractors may be hired for completion of only 4 hours of work each day on the weekends, comprised of four separate 1 hour periods. It is assumed additional LPN contractors would be utilized. For delivery of small amounts of medications on 3rd shift, such as PRN medications, continued use of Correctional Sergeant staff is assumed, as security supervision coverage on 3rd shift is limited in the center system.

Table 5. Correctional Center System Medication Distribution Staffing Assumptions

Center	Current Days/Week	Additional Hours/Week
BRCC	4	52
DACC	7	28
FCC	4	52
FCCC	4	52
GCC	4	52
KCC	5	44
MCC	4	52

MSCC	4	52
MWCC	5	44
OCC	4	52
SCCC	5	44
SPCC	5	44
TCC	4	52
WCC	7	28
Total		**648**

VI. COST ANALYSIS

To discontinue the practice of having correctional officers and sergeants delivering medication to inmates at all DOC Adult Institutions that currently contain HSUs will require the addition of 220.25 FTE. The starting salary for a nurse clinician, with little to no experience is $28.476 an hour. The starting salary of a licensed practical nurse is $17.609 an hour. Total costs for staffing the patterns entirely with Nurse Clinician 2 (NC2) positions or Licensed Practical Nurse (LPN) positions are provided, as the Department assumes hire of all positions entirely within one classification would be difficult to accomplish. Recruitment from a mix of certification levels likely would be necessary to fill all positions. The following table illustrates the additional minimum and maximum costs for staffing institutions with health care staff for medication distribution.

Table 6. Correctional Institution Medication Distribution Costs

Scenario	Classification	FTE	Annualized Cost	One-Time Cost
Maximum Cost	**NC2**	**220.25**	**$22,450,100**	**$1,017,900**
Minimum Cost	**LPN**	**220.25**	**$14,080,100**	**$1,017,900**

For the correctional center system, the Department's recommended plan is continued use of correctional officers, at *no additional cost* to the Department. However, if health care staff were to be used for distribution of medications in the centers, a minimum of 648 additional hours of health care staff coverage per week are required. Again, the table below illustrates the minimum and maximum additional costs of staffing the centers with medically trained staff for medication distribution, as utilizing one classification of staff may not allow for all hours to be filled.

Table 7. Correctional Center Medication Distribution Costs

Scenario	Classification	Hours per Week	Annualized Cost
Use of Security Staff (Recommended)	**Correctional Sergeants**	**0**	**$0**
	OR		
Use of Health Care Staff	**Classification**	**Hours per Week**	**Annualized Cost**
Maximum Cost	**NC2**	**648**	**$1,617,400**
Minimum Cost	**LPN**	**648**	**$1,179,400**

Table 8 illustrates the total minimum and maximum additional costs of staffing all DOC facilities with medically trained staff, with credentials of Licensed Practical Nurses or higher, for purposes of medication distribution:

Table 8. System-wide Cost of Use of Health Care Staff for Medication Distribution

Scenario	FTE	Annualized Cost		One-Time Cost
		Minimum	Maximum	
Health Care Staff in Institutions, Security Staff in Centers	**220.25**	**$14,080,100**	**$22,450,100**	**$1,017,900**
OR				
Health Care Staff in All Facilities	**220.25**	**$15,259,500**	**$24,067,500**	**$1,017,900**

VII. CONCLUSION

The Department is committed to providing quality health care in a cost-effective manner. Yet, a substantial allocation of additional human and fiscal resources would be required to achieve the end of utilizing medically trained personnel with certifications at Licensed Practical Nurse levels or higher for distribution of medications to all inmates of the Department. The Department remains committed over the long-term to identifying a viable alternative to having correctional officers distribute medications.

However, in the mean time, the Department is promoting the highest quality medication distribution system possible with current resources. In 2003, improvements were made to the medication distribution portion of the correctional officer pre-service training curriculum, expanding training on this topic from 2 hours to 4 hours. The Department intends to work towards providing this updated training curriculum to all correctional officers. Through increased staff training, the Department is striving to maintain a conducive environment for the safe and accurate delivery of medications, even in an environment of scarce resources.

Appendix A – Snapshot Study of Medication Doses at DOC Facilities

This data accounts for medication considered staff controlled as determined by the Pharmacy and Therapeutics committee applicable to all WI-DOC. This chart does not reflect Keep-On-Person medications which may be staff controlled on a temporary basis (segregation placement).

11-02-09 Snapshot Study					
Site	**AM**	**NOON**	**PM**	**HS**	**TOTAL**
CCI	322	213	213	509	1257
CVCTF	83	42	35	94	254
DCI Primary Care	433	112	212	546	1303
DCI Infirmary	99	39	66	63	267
FLCI	263	166	170	434	1033
GBCI	239	193	95	495	1022
JCI	162	87	112	202	563
KMCI	280	103	137	455	975
MSDF	175	80	71	352	678
NLCI	135	90	93	180	498
OCI	142	96	100	191	529
OSCI	653	347	380	947	2327
PDCI	55	62	43	111	271
RCI	397	152	209	606	1364
RGCI	238	104	158	313	813
RYOCF	22	16	15	43	96
SCI	228	135	134	325	822
STF	65	27	35	83	210
TCI	685	87	135	971	1878
WCI	287	153	165	667	1272
WSPF	71	26	29	116	242
WCCS					
BRCC	0	0	0	1	1
DACC	39	20	21	39	119
FCC	3	2	3	3	11
GCC	6	4	6	5	21
JBCC	115	21	35	151	322
KCC	6	6	3	16	31
MCC	3	2	3	2	10
MSCC	4	3	4	4	15
MWCC	18	9	8	25	60
OCC	11	3	7	17	38
REECC	241	36	58	291	626
SCCC	1	1	1	1	4
SPCC	4	0	2	7	13
TCC	4	0	2	8	14
WCC	21	9	10	27	67

Appendix B – Map of Department of Correction Facilities